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CONFIRMATION NO. 4659

<b>SERIAL NUMBER</b> 10/680,368	<b>FILING OR 371(c) DATE</b> 10/06/2003 <b>RULE</b>	<b>CLASS</b> 606	<b>GROUP ART UNIT</b> 3731	<b>ATTORNEY DOCKET NO.</b> 2871
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**\*\* CONTINUING DATA \*\*\*\*\***  
 This appln claims benefit of 60/416,328 10/04/2002 *GBV*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***  
*none*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**  
**\*\* 02/03/2004**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after allowance Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials <i>[Initials]</i>	<b>STATE OR COUNTRY</b> CT	<b>SHEETS DRAWING</b> 23	<b>TOTAL CLAIMS</b> <i>23</i>	<b>INDEPENDENT CLAIMS</b> <i>3</i>
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**ADDRESS**  
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**TITLE**  
 Balloon dissector with cannula

<b>FILING FEE RECEIVED</b> 954	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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